To date, there is no clear consensus on whether the high influx of refugees is beneficial or detrimental for the economic and social wellbeing of host communities in the long run. In this paper, we use data from the latest 2015/2016 Tanzanian Demographic and Health Survey (DHS) conducted between August 2015 and February 2016 with migration history of mothers and fathers to study the impacts of refugees on second generation’s health outcomes of host communities. By tracking the district location of mothers during the 1993-1994 period of high influx of refugees, we assess how the sudden and massive influx of Burundi and Rwanda refugees fleeing civil war impacts on health outcomes of children living in Northwest Tanzania today.

Because this high influx of refugees happens without any prior warning; We consider this as a natural experiment (See eg Ruiz et al. (2017); Maystadt et al. (2014)). We exploit a geographical variation considering Northwest districts of the Kagera and Kigoma regions as treated and districts from SouthEast Tanzania as controls. For time variation, We consider the age of mothers or fathers at the time of the refugees’ influx. In line with the early childhood development literature; we compare parents that were still young (in-utero to 16 years old) in 1993 to those that were already adults (more than 17 years old). We find that almost 20 years later, children of parents that were living in NorthWest districts of Kagera and Kigoma regions in 1993 are more likely to have lower health anthropometrics (WAZ, WHZ,) but also weight at birth.

Plausible mechanisms include mother and father anthropometrics, parents’ socio-economic conditions (education, work) but also sexual and reproductive behavior. We find that parents of children who were living in districts with a high influx of refugees have worse anthropometrics; tend to work more, have fewer children, cohabit latter and have worse economic conditions (asset index). Our findings call for development organizations to combine short term humanitarian interventions with long term development programs with the ability to mitigate the long lasting negative impacts of hosting refugees on health and nutrition outcomes of the second generation.